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Quality of Healthcare Services and Patient Safety: Two Sides of the Same Coin

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Opinion

Users of healthcare services are increasingly being considered as the best assessors of the quality of the services provided. As a consequence of mature international concerns, interest in higher quality healthcare services that meet the needs and expectations of users [1] is globally growing. In the Greek healthcare setting, patients appear to be increasingly asserting their rights, elevating their expectations and acquiring stronger consumer culture.

Healthcare systems nowadays, tend to adopt evidence-based guidance focusing on reducing medical and nursing errors and adverse events in the provision of healthcare with the aim to optimize patient safety levels. Quality of services is also linked to economic efficiency as it may reduce waste and promote efficient resourceuse that is, to ascertain that resources are used in a way that allows full benefits to be reaped at. Quality is a concept that is up to date over time as it incorporates the real social and economic requirements, as defined in terms of space and time.

The most crucial aspect of quality is patient safety. The latter should be the primary objective for any contemporary healthcare system. Early studies on patients' safety in the 1950s considered medical errors largely "inevitable diseases of medical progress" [2], and scientific literature often referred to them as "the price paid for modern diagnosis and treatment" [3]. The occurrence of adverse events owing to unsafe care is probably one of the ten foremost causes of death and disability in the world [4]. In high-income countries, one in ten patients experiences adverse events while receiving hospital care, according to WHO [5]. These events could have been predicted and prevented.

Medical error refers to a healthcare professional's action or omission during the planning and implementation of healthcare provision, which contributes or could contribute to the further impairment of a patient's health status and the healthcare provision system [6].

Medication errors constitute a category of medical errors that occur more frequentlyin healthcare units. They refer to every preventable event that may cause or lead to inappropriate use of medicines or patient injury while the medical therapy is under control of healthcare professional or patient - consumer of healthcare services. This type of events may be associated with professional practices, healthcare products, procedures and systems including prescription, communication through instructions, drug labeling, packaging and nomenclature, reformulation, dissolution, distribution, administration, education, monitoring and use.

The impact of medication errors on patients who are admitted in Intensive Care Units (ICU) are more serious, since most of the times these patients receive several medications and they often have impaired capacity to adapt to the consequences of such errors (due to organ failure, possible immunosuppression, inability to communicate etc). Furthermore, pro-longed hospitalization and application of additional interventions may prove to be life-threatening throughout patients' remaining life expectancy and may even lead to death.

Technological advances have contributed to the improvement of the quality of services provided, and the use of technology optimizes the protection and safety of patients against eventual errors and events while receiving care. Intranet installation as well as the use of personal

computers in healthcare provision units contributes to the implementation of automated (computerized) systems for the writing of medical instructions, therefore eliminating errors attributable to illegible handwritings.

Electronic Medical Records (EMRs) constitute the only reliable implementation of medical, nursing and laboratory work, since they have limited errors, improved productivity and the medical decisions of the past, provided essential support regarding the administration of medication treatment and the detection ofabnormalities in laboratory examinations. They have also improved significantly the quality of the healthcare services provided. The complete development and implementation of EMRs further require the development of an integratedinformation system.

In the light of this evidence, investments aimed at reporting and managing errors and adverse events should be a priority of health policy making. Investments in lessening patient harm can yield substantial financial savings as well as improved patient outcomes.

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1. In this document the term “user” is taken to include not only present and past patients but also potential users of health services - that is, the general public.

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